

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/569493

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51			1			
2		1					52			1			
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18	1						68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26			1				76						
27				1			77						
28				1			78						
29				1			79						
30				1			80						
31				1			81						
32				1			82						
33				1			83						
34				1			84						
35				1			85						
36				1			86						
37				1			87						
38				1			88						
39				1			89						
40				1			90						
41				1			91						
42				1			92						
43			1				93						
44				1			94						
45				1			95						
46				1			96						
47			1				97						
48				1			98						
49				1			99						
50				1			100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←	20	←		←
TOTAL CLAIMS							TOTAL CLAIMS			27			

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